

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS305AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOTHER'S BEST CARE FOR ELDERLY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 S 8TH STREET LAS VEGAS, NV 89104</b>		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/5/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed as a residential facility for groups to provide care for 10 elderly or disabled persons and/or persons with mental illnesses, Category 2 Residents.</p> <p>The census was 8.</p> <p>There were no complaints investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070 SS=E	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196</p> <p>1. A caregiver of a residential facility must:</p> <p>(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 2 of 3 caregivers have received at least 8 hours of annual training related to providing care for the residents (Employee #2, #3).  Findings include:  Record Review  Employee #2  Employee #2 was employed 2/10/03 as a caregiver. There was no documented evidence that Employee #2 has received at least 8 hours of annual training.  Employee #3  Employee #3 was employed 10/31/01 as a caregiver. There was no documented evidence that Employee #3 has received at least 8 hours of annual training.  Severity: 2                  Scope: 2	Y 070		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	Continued From page 2  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 3 of 3 employees had current certification in first aid and cardiopulmonary resuscitation (Employee #1, #2, #3).  Findings include:  Employee #1  Employee #1 was employed in 1998 as the Administrator. There was no documented evidence of current certification in first aid and cardiopulmonary resuscitation (CPR). (The most recent documented first aid and CPR certification expired 8/31/08.)  Employee #2  Employee #2 was employed 2/10/03 as a caregiver. There was no documented evidence of current certification in first aid and CPR. (The most recent documented first aid and CPR certification expired 8/31/08.)  Employee #3  Employee #3 was employed 10/31/01 as a caregiver. There was no documented evidence of current certification in first aid and CPR. (The most recent documented first aid and CPR certification expired 8/31/08.)  Severity: 2                      Scope: 3	Y 106		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209	Y 175		

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Y 175	<p>Continued From page 3</p> <p>4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the premises were free from hazards.</p> <p>Findings include:</p> <p>Observation</p> <p>On 11/5/08 at approximately 8:00 am, Resident #8 ambulated from the bedroom to Dining Room #2 using a front wheel walker. The resident had a foley catheter, which had extensive tubing hanging down to the floor at foot level. The catheter tubing presented a tripping hazard for Resident #8.</p> <p>On 11/5/08 in the morning, there were slippery rugs located throughout the facility ((The entry from Living Room #1 to Dining Room #2, Bathroom #2, and Bathroom #4) presenting a tripping hazard.</p> <p>On the morning of 11/5/08, there were multiple cluttered items, such as walkers, bicycles, furniture, and miscellaneous items blocking the sliding door in Bedroom #3 on both sides of the door. The blocking of the door presented a fire exit hazard.</p> <p>On the morning of 11/5/08, the 2 windows in Bedroom #4 (Caregivers' bedroom) were fully blocked by large cereal boxes and other cardboard boxes, presenting a fire exit hazard.</p>	Y 175		

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Y 175	Continued From page 4  Severity: 2                  Scope: 3  Repeat Deficiency: 8/1/07	Y 175		
Y 435 SS=D	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 2 of 2 fire extinguishers were inspected and recharged annually.  Findings include:  Observation  On 11/5/08 in the morning, the 2 fire extinguishers were equipped with tags dated 11/1/07.  Severity: 2                  Scope: 1	Y 435		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.	Y 444		

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Y 444	Continued From page 5  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all smoke detectors were maintained in operating condition.  Findings include:  Interview  On 11/5/08 in the morning, the administrator indicated there was a separate smoke detection system in half of the facility which were not tested on a regular, monthly basis.  Observation  On 11/5/08 in the morning, 1 of 2 smoke detectors in Bedroom #3 emitted a "chirping" noise after testing. (The chirping noise indicates a low battery.)  On 11/5/08 in the morning, the smoke detector adjacent to Bathroom #3 emitted a chirping noise after testing.  Severity: 2                      Scope: 3	Y 444		
Y 695 SS=D	449.2712(2)(b)(2) Oxygen-Oxygen in use; no smoking signs  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (2) Signs which prohibit smoking and notify persons that oxygen is in	Y 695		

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Y 695	Continued From page 6  use are posted in areas of the facility in which oxygen is in use or is being stored.  This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain signs prohibiting smoking and notifying persons that oxygen was in use were posted.  Findings include:  Interview  On 11/5/08 in the morning, the Administrator verified the 2 residents in Bedroom #1 required the use of oxygen.  Observation  On 11/5/08 in the morning, there was oxygen equipment (1 portable oxygen tank and 1 oxygen concentrator) in Bedroom #1. There was no posted sign notifying persons that oxygen was in use.  Severity: 2                      Scope: 1	Y 695			
Y 920 SS=E	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked	Y 920			

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Y 920	<p>Continued From page 7</p> <p>area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that medication was stored in a locked area.</p> <p>Findings include:</p> <p>Observation</p> <p>On 11/5/08 in the morning from 7:30 am until 9:30 am, there were bottles of prescription medication in the following areas which were not locked:</p> <p>Dining Room #2: There was a bottle of liquid cough medicine on the Dining Room table. There were 3 bottle of prescription oral medications on the desk in Dining Room #2.</p> <p>Bedroom #4: There were 3 bottles of prescription oral medications on the dresser in Bedroom #4</p>	Y 920		

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Y 920	Continued From page 8  (Caregivers' Room). The door to Bedroom #4 was slightly ajar.  Severity: 2                      Scope: 2	Y 920		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2)	Y 936		

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Y 936	Continued From page 9  Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette- Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a	Y 936			

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Y 936	<p>Continued From page 10</p> <p>positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been</p>	Y 936			

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Y 936	<p>Continued From page 11</p> <p>or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review, the facility failed to ensure 1 of 8 residents had tuberculin testing in accordance with NAC 441A.380 (Resident #7).</p> <p>Findings include:</p> <p>Resident #7 was admitted 2/11/08. There was no documented evidence of initial 2-step Mantoux tuberculin testing. (The only documented tuberculin testing was a 1-step Mantoux tuberculin skin test dated 2/13/08, 0 mm results.)</p> <p>Severity: 2                      Scope: 3</p>	Y 936			
YA895 SS=E	449.2744(1)(b) Medication/MAR	YA895			

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YA895	<p>Continued From page 12</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain an accurate record of the medications administered to 4 of 8 residents (Resident #2, #3, #4, #7).</p> <p>Findings include:</p> <p>Interview</p> <p>On 11/5/08 in the morning, the Administrator verified that the medications in each resident's medication bucket have been administered on a regular basis.</p> <p>The Administrator indicated she has not maintained a Medication Administration Record (MAR) for Resident #7 since the date of admission (2/11/08) for the administration of the</p>	YA895			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS305AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOTHER'S BEST CARE FOR ELDERLY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 S 8TH STREET LAS VEGAS, NV 89104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
YA895	<p>Continued From page 13</p> <p>following medications:</p> <p>Metformin, 100 mg BID (twice daily)</p> <p>Chewable Aspirin, 81 mg q (each) day</p> <p>Glyburide 5 mg, 2 tablets BID</p> <p>Digoxin, 0.125 mg q day</p> <p>Gabapentin, 300 mg TID (three times a day)</p> <p>Hydrocodone</p> <p>Ferrous Sulfate, 325 mg BID</p> <p>HCTZ 25/Triamterene 37.5 mg q day</p> <p>Lisinopril, 40 mg q day</p> <p>Omeprazole, 20 mg 1 q day before meal</p> <p>Tamsulosin, 0.4 mg q day after meal</p> <p>Multivitamin</p> <p>Temazepam, 30 mg HS (hour of sleep)</p> <p>Simvastatin, 40 mg, 1/2 tablet HS.</p> <p>Observation/Record Review</p> <p>Resident #2</p> <p>Resident #2 was admitted 7/21/06. On 11/5/08 in the morning, the medication bucket for Resident #2 contained Namenda, 10 mg, ordered 10/9/08, and Zyprexa, ordered 10/2/08. The Namenda and the Zyprexa were not listed on the Medication Administration Records (MAR's) for the months of October and November, 2008.</p> <p>Resident #3</p> <p>Resident #3 was admitted 4/30/07. On 11/5/08 in the morning, the medication bucket for Resident #3 contained Namenda, 10 mg, ordered 10/2/08. The Namenda was not listed on the MAR's for the months of October and November of 2008.</p> <p>Resident #4</p> <p>Resident #4 was admitted 5/29/98. On 11/5/08 in the morning, the medication bucket for Resident</p>	YA895			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS305AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOTHER'S BEST CARE FOR ELDERLY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 S 8TH STREET LAS VEGAS, NV 89104</b>		
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YA895	<p>Continued From page 14</p> <p>#4 contained Ferrous Sulfate, 1 tablet twice daily between meals, ordered 10/16/08. The Ferrous Sulfate was not listed on the MAR's for the months of October and November of 2008. The medication bucket also contained SMZ/TMP 800/160, 1 tablet twice daily for 10 days, ordered 10/28/08. The SMZ/TMP was not listed on the MAR's for the months of October and November of 2008.</p> <p>Resident #7</p> <p>Resident #7 was admitted 2/11/08 and has been receiving assistance with medication administration since admission. There was no documented evidence of a MAR for Resident #7 for the months of February, March, April, May, June, July, August, September, October, and November of 2008.</p> <p>Severity: 2                      Scope: 2</p> <p>Repeat Deficiency: 8/1/07</p>	YA895			

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